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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Block Number
04938939

APPLICATION AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(s), (u), or (c))		
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(l))	minus 20 =	.
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	.
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.160))

If the difference in column 1 is less than zero, enter '0' in column 2

APPLICATION AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)	
AMENDMENT A	5-11-06	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total (37 CFR 1.16(a))	20	Minus	21	/
	Independent (37 CFR 1.16(c))	2	Minus	3	/
Application Size Fee (37 CFR 1.16(f))					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					(37 CFR 1.16(l))

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(b))

101AI

TOTAL

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
25		OR	50	
100		OR	200	
		OR		
		OR		
TOTAL ADD'L FEE			TOTAL ADD'L FEE	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA CHARGE
	Total (37 CFR 1.16(b))		1 minus	**
	Independent (37 CFR 1.16(c))		1 minus	***
	Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(b))				

RATE (\$.)	ADDITIONAL FEE (\$.)
•	•
•	•
•	•
•	•
TOTAL ADDITIONAL FEE	

RATE (\$)	ADDITIONAL FEE (\$)
TOTAL ADD'L FEE	

• If the entry in column 1 is less than the entry in column 2, write '0' in column 3.

• If the entire answer to this question is longer than 20 words, write 20 words. (Maximum Length: 20 words. Part One. If THIS SPACE is less than 20, enter 20.)

If the Higher Number Entered, Part 1, in THIS SPACE is less than 1, enter 1.

in the Highest Number Previously Paid for in this State is less than one-half the highest number paid for in column 1.